

**SOMERVILLE POLICE DEPARTMENT
CITIZEN POLICE ACADEMY APPLICATION**

Date of Application: ____/____/____

Name: _____

Date of Birth: ____/____/____

Address: _____

Home Phone: _____

City/State/Zip: _____

Work Phone: _____

Social Security #: _____

Driver's Lic. # and State: _____

Occupation: _____

Employer: _____

Employer's Address: _____
(Street, City, State, Zip)

HAVE YOU BEEN ARRESTED/CONVICTED FOR ANY CRIME? Yes ☐ No ☐

IF YES, PLEASE EXPLAIN:

BRIEFLY EXPLAIN YOUR INTEREST IN THE CITIZEN POLICE ACADEMY:

WHAT DO YOU EXPECT TO GAIN FROM THIS ACADEMY?:

**The classes for this academy will be held for 10 weeks on Tuesday nights between 6:00 PM and 9:00 PM.
Will you be able to attend all of the classes?**

Yes, I will be able to attend all classes ☐ **No, I will be unable to attend all the classes** ☐

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Somerville Police Department's CITIZEN POLICE ACADEMY.

APPLICANT'S SIGNATURE: _____ **DATE:** ____/____/____